

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 61536736	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51	1		
2		1					52		1	
3		2					53		1	
4		2					54		1	
5		3					55		1	
6		3					56		3	
7		3					57		2	
8		3					58		3	
9		3					59			
10		3					60			
11		3					61			
12		3					62			
13		3					63			
14		3					64			
15		3					65			
16		3					66			
17		3					67			
18		3					68			
19		3					69			
20		3					70			
21		3					71			
22		3					72			
23		2					73			
24		1					74			
25		1					75			
26		2					76			
27		2					77			
28		2					78			
29		2					79			
30		2					80			
31		3					81			
32		1					82			
33		1					83			
34		1					84			
35		1					85			
36		1					86			
37		1					87			
38		1					88			
39		1					89			
40		1					90			
41		9					91			
42		1					92			
43		1					93			
44		1					94			
45		1					95			
46		1					96			
47		1					97			
48		1					98			
49		1					99			
50		1					100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	82						TOTAL DEP.			
TOTAL CLAIMS	82						TOTAL CLAIMS			

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